FORM 21E (Rev. 1/99)

South Dakota Department of Labor
Unemployment Insurance Division
PO Box 4730
Aberdeen, SD 57402-4730

Employer Account Number _____ Rate _____

Employer Name _____

Address _____

Social Security #	Employee Name	Quarter 3/31 ____		Quarter 6/30 ____		Quarter 9/30 ____		Quarter 12/31 ____	
		Total Wages	Excess Wages	Total Wages	Excess Wages	Total Wages	Excess Wages	Total Wages	Excess Wages
	Quarter Totals								